

BOROUGH OF FOLCROFT

1555 Elmwood Avenue
Folcroft, PA 19032

610-522-1305 fax

610-522-1114 fax

Container Application ORD 2015-01

Container Size _____

Company Name _____

Company Address _____

Company Phone # _____

Property Owner Name _____

Address of Owner _____

Start Date of Container _____

This Permit is not transferable.

This Permit is only good for One Week.

This Permits cost is \$125.00 per week.

Container must be emptied weekly.

Applicant; Name _____

Signature _____

Address _____

City, State, Zip _____

Date Submitted _____